

MAIL TO:

STATE OF UTAH
 DIVISION OF PURCHASING
 3150 STATE OFFICE BUILDING, STATE CAPITOL
 P.O. BOX 141061
 SALT LAKE CITY, UTAH 84114-1061
 TELEPHONE (801) 538-3026
<http://www.purchasing.state.ut.us>

Request for ProposalSolicitation Number: **DR3028**Due Date: **09/17/02 at 3:00 P.M.**

Date Sent: August 27, 2002

Agency Contract

Goods and services to be
 purchased:

CHILD NUTRITION PROGRAMS AT THE UTAH STATE OFFICE OF EDUCATION.**Please complete**

| | | | |
|---|--|-----------------------------------|----------|
| Company Name | | Federal Tax Identification Number | |
| Ordering Address | City | State | Zip Code |
| Remittance Address (if different from ordering address) | City | State | Zip Code |
| Type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Government | Company Contact Person | | |
| Telephone Number (include area code) | Fax Number (include area code) | | |
| Company's Internet Web Address | Email Address | | |
| Discount Terms (for bid purposes, bid discounts less than 30 days will not be considered) | Days Required for Delivery After Receipt of Order (see attached for any required minimums) | | |
| <p>The following documents are included in this solicitation: Solicitation forms, instructions and general provisions, and specifications. <u>Please review all documents carefully before completing.</u></p> <p>The undersigned certifies that the goods or services offered are produced, mined, grown, manufactured, or performed in Utah. Yes ____ No _____. If no, enter where produced, etc. _____</p> | | | |
| Offeror's Authorized Representative's Signature | | Date | |
| Type or Print Name | | Position or Title | |

**STATE OF UTAH
DIVISION OF PURCHASING**

Request for Proposal

Solicitation Number: DR3028

Due Date: 09/17/02

Vendor Name:

REQUEST FOR PROPOSAL TO CONDUCT ADMINISTRATIVE REVIEWS FOR THE UTAH STATE OFFICE OF EDUCATION/CHILD NUTRITION PROGRAMS AT INSTITUTIONS AS PER ATTACHED SPECIFICATIONS.

FOR QUESTIONS OR CLARIFICATION PER THE ATTACHED SPECIFICATIONS PLEASE CONTACT WARREN GADDIS AT 801-538-7623.

FOR PURCHASING CLARIFICATION OR QUESTIONS PLEASE CONTACT DANIEL REISNER AT 801-538-3216.

REFERENCE RX: 400 32000000006.

REQUEST FOR PROPOSAL - INSTRUCTIONS AND GENERAL PROVISIONS

1. **PROPOSAL PREPARATION:** (a) All prices and notations must be in ink or typewritten. (b) Price each item separately. Unit price shall be shown and a total price shall be entered for each item bid. (c) Unit price will govern, if there is an error in the extension. (d) Delivery of services as proposed is critical and must be adhered to. (e) Incomplete proposals may be rejected. (f) This proposal may not be withdrawn for a period of 60 days from the due date. (g) Where applicable, all proposals must include complete manufacturer's descriptive literature. (h) By signing the proposal the offeror certifies that all of the information provided is accurate, that they are willing and able to furnish the item(s) specified, and that prices offered are correct.

2. **SUBMITTING THE PROPOSAL:** (a) The proposal must be signed in ink, sealed, and if mailed, mailed in a properly-addressed envelope to the DIVISION OF PURCHASING, 3150 State Office Building, Capitol Hill, Salt Lake City, UT 84114-1061. **The "Solicitation Number" and "Due Date" must appear on the outside of the envelope.** (b) Proposals, modifications, or corrections received after the closing time on the "Due Date" will be considered late and handled in accordance with the Utah Procurement Rules, section 3-209. (c) **Your proposal will be considered only if it is submitted on the forms provided by the state. Facsimile transmission of proposals to DIVISION will not be considered.** (d) All prices quoted must be both F.O.B. Origin per paragraph 1.(c) and F.O.B. Destination. Additional charges including but not limited to delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, costs of bonds, or for any other purpose must be included in the proposal for consideration and approval by the Division of Purchasing & General Services (DIVISION). Upon award of the contract, the shipping terms will be F.O.B. Destination, Freight Prepaid with freight charges to be added to the invoice unless otherwise specified by the DIVISION. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, costs of bonds, or for any other purpose will be paid by the state unless specifically included in the proposal and accepted by DIVISION. (e) By signing the proposal the offeror certifies that all of the information provided is accurate and that he/she offers to furnish materials/services for purchase in strict accordance with the requirements of this proposal including all terms and conditions.

3. **BONDS:** The state has the right to require a bid or proposal bond, payment bond and/or a faithful performance bond from the offeror in an amount not to exceed the amount of the contract.

4. **PROPRIETARY INFORMATION:** Suppliers are required to mark any specific information contained in their bid which is not to be disclosed to the public or used for purposes other than the evaluation of the bid. Each request for non-disclosure must be accompanied by a specific justification explaining why the information is to be protected. Pricing and service elements of any proposal will not be considered proprietary. All material becomes the property of the state and may be returned only at the state's option. Proposals submitted may be reviewed and evaluated by any persons at the discretion of the state.

5. **BEST AND FINAL OFFERS:** Discussions may be conducted with offerors who submit proposals determined to be reasonably susceptible of being selected for award for the purpose of assuring full understanding of, and responsiveness to, solicitation requirements. Prior to award, these offerors may be asked to submit best and final offers. In conducting discussions, there shall be no disclosure of any information derived from proposals submitted by a competing offeror.

6. **SAMPLES:** Samples, brochures, etc., when required, must be furnished

free of expense to the state and if not destroyed by tests may, upon request made at the time the sample is furnished, be returned at the offeror's expense.

7. **DIVISION APPROVAL:** Contracts written with the State of Utah, as a result of this proposal, will not be legally binding without the written approval of the Director of the DIVISION.

8. **AWARD OF CONTRACT:** (a) The contract will be awarded with reasonable promptness, by written notice, to the lowest responsible offeror whose proposal is determined to be the most advantageous to the state, taking into consideration price and evaluation factors set forth in the RFP. No other factors or criteria will be used in the evaluation. The contract file shall contain the basis on which the award is made. Refer to Utah Code Annotated 65-56-21. (b) The DIVISION can reject any and all proposals. And it can waive any informality, or technicality in any proposal received, if the DIVISION believes it would serve the best interests of the state. (c) Before, or after, the award of a contract the DIVISION has the right to inspect the offeror's premises and all business records to determine the offeror's ability to meet contract requirements. (d) The DIVISION will open proposals publicly, identifying only the names of the offerors. Proposals and modifications shall be time stamped upon receipt and held in a secure place until the due date. After the due date, a **register** of proposals shall be established. The **register** shall be open to public inspection, but the proposals will be seen only by authorized DIVISION staff and those selected by DIVISION to evaluate the proposals. The proposal(s) of the successful offeror(s) shall be open for public inspection for 90 days after the award of the contract(s). (e) Utah has a reciprocal preference law which will be applied against bidders bidding products or services produced in states which discriminate against Utah products. For details see Section 63-56 20.5 -20.6, Utah Code Annotated.

9. **ANTI-DISCRIMINATION ACT:** The offeror agrees to abide by the provisions of the Utah Anti-discrimination Act, Title 34 Chapter 35, U.C.A. 1953, as amended, and Title VI and Title VII of the Civil Rights Act of 1964 (42 USC 2000e), which prohibit discrimination against any employee or applicant for employment, or any applicant or recipient of services, on the basis of race, religion, color, or national origin; and further agrees to abide by Executive Order No. 11246, as amended, which prohibits discrimination on the basis of sex; 45 CFR 90 which prohibits discrimination on the basis of age, and Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act of 1990, which prohibits discrimination on the basis of disabilities. Also offeror agrees to abide by Utah's Executive Order, dated March 17, 1993, which prohibits sexual harassment in the workplace. Vendor must include this provision in every subcontract or purchase order relating to purchases by the State of Utah to insure that the subcontractors and vendors are bound by this provision.

10. **WARRANTY:** The contractor agrees to warrant and assume responsibility for all products (including hardware, firmware, and/or software products) that it licenses, contracts, or sells to the State of Utah under this contract for a period of one year, unless otherwise specified and mutually agreed upon elsewhere in this contract. The contractor (seller) acknowledges that all warranties granted to the buyer by the Uniform Commercial Code of the State of Utah applies to this contract. Product liability disclaimers and/or warranty disclaimers from the seller are not applicable to this contract unless otherwise specified and mutually agreed upon elsewhere in this contract. In general, the contractor warrants that: (1) the product will do what the salesperson said it would do, (2) the product will live up to all specific claims that the manufacturer makes in their advertisements, (3) the product will be suitable for the ordinary purposes for which such product is used, (4) the product will be suitable for any special purposes that the State has relied on the contractor's skill or judgement to consider when it advised the State about

the product, (5) the product has been properly designed and manufactured, and (6) the product is free of significant defects or unusual problems about which the State has not been warned. Remedies available to the State include the following: The contractor will repair or replace (at no charge to the State) the product whose nonconformance is discovered and made known to the contractor in writing. If the repaired and/or replaced product proves to be inadequate, or fails of its essential purpose, the contractor will refund the full amount of any payments that have been made. Nothing in this warranty will be construed to limit any rights or remedies the State of Utah may otherwise have under this contract.

11. **DEBARMENT:** The CONTRACTOR certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction (contract) by any governmental department or agency. If the CONTRACTOR cannot certify this statement, attach a written explanation for review by the STATE.

12. **GOVERNING LAWS AND REGULATIONS:** All State purchases are subject to the Utah Procurement Code, Title 63, Chapter 56 Utah Code Annotated 1953, as amended, and the Procurement Rules as adopted by the Utah State Procurement Policy Board (Utah Administrative Code Section R33). These are available on the Internet at www.purchasing.state.ut.us.

(Revision 2/14/2000 - RFP.Instructions)

**REQUEST FOR PROPOSAL (RFP)
SOLICITATION NUMBER DR3028**

**UTAH STATE OFFICE OF EDUCATION
CHILD NUTRITION PROGRAMS
CHILD AND ADULT CARE FOOD PROGRAM**

**TO CONDUCT ADMINISTRATIVE REVIEWS FOR THE UTAH STATE OFFICE OF
EDUCATION/CHILD NUTRITION PROGRAMS AT INSTITUTIONS**

Introduction:

The Utah State Office of Education (USOE) is seeking a qualified firm to conduct administrative reviews in institutions operating the Child and Adult Care Food Program (CFDA 10.558) under agreements with the USOE. Proposals may be submitted by any public, private, non-profit organization or by individuals.

Proposal Due Date, Time and Location:

Six (6) copies of the proposal must be submitted by **Tuesday, September 17, 2002, 3:00 P.M.** at

State of Utah
Division of Purchasing and General Services
3150 State Office Building, Capitol Hill
P.O. Box 141061
Salt Lake City, UT 84114

Late proposals will not be considered. Costs incurred in the preparation and submission of proposals are the responsibility of the offerer. The names of offerers will become public information. Amendments to proposals will be accepted provided they are received prior to the proposal due date and time.

Points of Contact for Questions:

For RFP content related questions you may contact Warren Gaddis, USOE Child Nutrition Programs, at 801-538-7687 or wgaddis@usoe.k12.ut.us

For procurement process related questions you may contact Dan Reisner, State Procurement Coordinator at 801-538-3216 or dreisner@utah.gov

Minimum Contractor Qualifications:

The firm must make a positive statement that the following mandatory criteria are satisfied:

1. Experience in conducting comparable activities (administrative reviews, agreed upon procedures, etc.) and ability to audit computerized systems.
2. Properly certified or licensed (including CPA, CIA, CFE, etc.)
3. Confirm that it is independent of the audit entities as defined in the AICPA's Rules of Conduct Rule 101, and that the offeror adheres to the general and field work standards of the Government Auditing Standards, as published by the General Accounting Office's (GAO) Comptroller General of the United States.

Contract Term:

The contract issued pursuant to this RFP will be effective from November 1, 2002 through September 30, 2007. The initial contract will be for two years, with three one-year options to renew, subject to annual evaluation of contractor performance and availability of federal funds.

Scope of Work:

The Child and Adult Care Food Program (CACFP) is described in Part 4 (10.558) of the Compliance Supplement to OMB Circular A-133 and in 7 CFR Part 226. There are currently 153 CACFP institutions with agreements in Utah; institutions are located throughout the state but are concentrated in the Wasatch Front, (See Attachment B) Ten of the institutions are sponsors of family day care homes; 111 institutions are independent child or adult day care centers (either private non-profit or proprietary); 32 are sponsors of two or more affiliated facilities (private non-profit, proprietary or public). There are no sponsors of un-affiliated facilities.

- Reviews are to be conducted in any or all of these three types of institutions. It is estimated that 50 independent institutions, five sponsors with one to five affiliated facilities and seven family day care home sponsoring organizations will require review each year.
- The reviews performed must cover areas, at minimum, listed in forms and materials devised by USOE (See attachments C and D). A minimum of one complete month of activity is to be reviewed; under some circumstances, such as specially requested reviews, additional months may need to be reviewed. The reviewer will include commendations, suggestions, recommendations (findings requiring corrective action) and any questioned costs in reports to USOE. Use of reports will be restricted to the USOE and institutions= management.
- Two copies of the report are to be delivered to the USOE which may provide one to the institution's management. Reports must be issued within two weeks of each review.

- Workpapers must be retained for a period of three (3) years after the completion of a review and the review has been closed by USOE. Workpapers are to be made available for inspection by the USOE/CNP or government auditors if requested by them.
- During reviews, any indication of fraud, irregularities or other illegal acts that may come to the reviewer's attention in connection with an institution's review will be reported to the USOE immediately.
- The contractor may be requested to appear at administrative review hearings in the event an institution disputes recommendations and/or questioned costs.
- Notify the USOE, in writing, prior to changes of partner, manager, supervisor or senior personnel obligated in the offer.

Proposal Content Requirements:

Proposals must contain at least the following information:

- The procedures to be employed, sampling to be used, circumstances under which samples will be expanded and levels of materiality for reporting for the various types of institutions are the primary subjects for offerers= proposals.
- In addition, the offerer is to describe how family day care sponsors= compliance with administrative funds reimbursement requirements will be evaluated according to the OMB Circular A-133 Compliance Supplement, Part 3 (A and B) and Part 4 (III A).
- Specific federal programs examined.
- The organization and size of the offerer and whether local, regional, national or international in operations.
- The location of the office from which the work is to be done and the number of professional staff, by staff level, employed at that office.
- Identify the reviewers, review managers, field supervisors and other staff who will work on the reviews. Resumes of relevant experience and continuing education of staff, including the individual with final responsibility for the reviews, should be included.
- Affirm that the offerer does not discriminate against any individual because of race, color, national origin, sex, age or disability and that these are not a factors in consideration for employment, selection for training, promotion, transfer, recruitment, rates of pay, or other forms of compensation, demotion or separation.

- Submit certification regarding debarment, suspension, ineligibility and voluntary exclusion, lower tier covered transactions.
- Identify Utah day care institutions or sponsoring organizations for which the offerer conducts audits or provides accounting or other consulting services which might cause, or appear to cause, a conflict of interest related to this request.

Proposal Evaluation Criteria

Proposals will be evaluated in accordance with the following criteria which are listed in order of importance:

40% - price, with lowest ranked best

40% - credibility and practicality of procedures to be employed, sampling to be used, expansion of sampling, levels of materiality and administrative expense review procedure

10% - experience in years of conducting similar activities (such as attestations)

10% - variety of programs reviewed

The following table indicates how procedures are to be priced and will be evaluated. Rates are to be "not-to-exceed" fees for each type of institution, regardless of location, and must include travel, per diem and any other out-of-pocket expenses. Inclusion of additional or conditional expenses will disqualify the proposal.

| TYPE | Primary | Additional sites | Up to 100 homes | More than 100 homes |
|---------------------------|---------|------------------|-----------------|---------------------|
| Independent center | \$ | | | |
| Sponsor of centers | \$ | \$ | | |
| FDCH sponsor | | | \$ | \$ |
| Appeal appearance | \$ | | \$ | \$ |

More than one offerer may be awarded a contract if pricing and experience are comparable. If only one proposal is received in response to this request, USOE may make recommendation to make the award or to re-solicit for the purpose of obtaining additional proposals.

ATTACHMENT A: STANDARD TERMS AND CONDITIONS

1. **AUTHORITY:** Provisions of this contract are pursuant to the authority set forth in 63-56, Utah Code Annotated, 1953, as amended, Utah State Procurement Rules (Utah Administrative Code Section R33), and related statutes which permit the STATE to purchase certain specified services, and other approved purchases for the STATE.
2. **CONTRACT JURISDICTION, CHOICE OF LAW, AND VENUE:** The provisions of this contract shall be governed by the laws of the State of Utah. The parties will submit to the jurisdiction of the courts of the State of Utah for any dispute arising out of this Contract or the breach thereof. Venue shall be in Salt Lake City, in the Third Judicial District Court for Salt Lake County.
3. **LAWS AND REGULATIONS:** Any and all supplies, services and equipment furnished will comply fully with all applicable Federal and State laws and regulations.
4. **RECORDS ADMINISTRATION:** The CONTRACTOR shall maintain, or supervise the maintenance of all records necessary to properly account for the payments made to the CONTRACTOR for costs authorized by this contract. These records shall be retained by the CONTRACTOR for at least four years after the contract terminates, or until all audits initiated within the four years, have been completed, whichever is later. The CONTRACTOR agrees to allow STATE and Federal auditors, and STATE Agency Staff, access to all the records to this contract, for audit and inspection, and monitoring of services. Such access will be during normal business hours, or by appointment.
5. **CONFLICT OF INTEREST:** CONTRACTOR represents that none of its officers or employees are officers or employees of the State of Utah, unless disclosure has been made in accordance with 67-16-8, Utah Code Annotated, 1953, as amended.
6. **CONTRACTOR, AN INDEPENDENT CONTRACTOR:** The CONTRACTOR shall be an independent contractor, and as such, shall have no authorization, express or implied, to bind the STATE to any agreements, settlements, liability, or understanding whatsoever, and agrees not to perform any acts as agent for the STATE, except as herein expressly set forth. Compensation stated herein shall be the total amount payable to the CONTRACTOR by the STATE. The CONTRACTOR shall be responsible for the payment of all income tax and social security amounts due as a result of payments received from the STATE for these contract services. Persons employed by the STATE and acting under the direction of the STATE shall not be deemed to be employees or agents of the CONTRACTOR.
7. **INDEMNITY CLAUSE:** The CONTRACTOR agrees to indemnify, save harmless, and release the STATE OF UTAH, and all its officers, agents, volunteers, and employees from and against any and all loss, damages, injury, liability, suits, and proceedings arising out of the performance of this contract which are caused in whole or in part by the negligence of the CONTRACTOR'S officers, agents, volunteers, or employees, but not for claims arising from the State's sole negligence.
8. **EQUAL OPPORTUNITY CLAUSE:** The CONTRACTOR agrees to abide by the provisions of Title VI and VII of the Civil Rights Act of 1964 (42USC 2000e) which prohibits discrimination against any employee or applicant for employment or any applicant or recipient of services, on the basis of race, religion, color, or national origin; and further agrees to abide by Executive Order No. 11246, as amended, which prohibits discrimination on the basis of sex; 45 CFR 90 which prohibits discrimination on the basis of age; and Section 504 of the Rehabilitation Act of 1973, or the Americans with Disabilities Act of 1990 which prohibits discrimination on the basis of disabilities. Also, the CONTRACTOR agrees to abide by Utah's Executive Order, dated March 17, 1993, which prohibits sexual harassment in the work place.
9. **SEPARABILITY CLAUSE:** A declaration by any court, or any other binding legal source, that any provision of this contract is illegal and void shall not affect the legality and enforceability of any other provision of this contract, unless the provisions are mutually dependent.
10. **RENEGOTIATION OR MODIFICATIONS:** This contract may be amended, modified, or supplemented only by written amendment to the contract, executed by the parties hereto, and attached to the original signed copy of the contract.
11. **DEBARMENT:** The CONTRACTOR certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction (contract), by any governmental department or agency. If the CONTRACTOR cannot certify this statement, attach a written explanation for review by the STATE.
12. **TERMINATION:** Unless otherwise stated in the Special Terms and Conditions, this contract may be terminated, with cause by either party, in advance of the specified termination date, upon written notice being given by the other party. The party in violation will be given ten (10) working days after notification to correct and cease the violations, after which the contract may be terminated for cause. This contract may be terminated without cause, in advance of the specified expiration date, by either party, upon 90 days prior written notice being given the other party. On termination of this contract, all accounts and payments will be processed according to the financial arrangements set forth herein for approved services rendered to date of termination.
13. **SALES TAX EXEMPTION:** The State of Utah's sales and use tax exemption number is E33399. The tangible personal property or services being purchased are being paid from State funds and used in the exercise of that entity's essential functions. If the items being purchased are construction materials, they will be converted into real property by employees of this government entity, unless otherwise stated in the contract.
14. **WARRANTY:** The contractor agrees to warrant and assume responsibility for all products (including hardware, firmware, and/or software products) that it licenses, contracts, or sells to the State of Utah under this contract for a period of one year, unless otherwise specified and mutually agreed upon elsewhere in this contract. The contractor (seller) acknowledges that all warranties granted to the buyer by the Uniform Commercial Code of the State of Utah apply to this contract. Product liability disclaimers and/or warranty disclaimers from the seller are not applicable to this contract unless otherwise specified and mutually agreed upon elsewhere in this contract. In general, the contractor warrants that: (1) the product will do what the salesperson said it would do, (2) the product will live up to all specific claims that the manufacturer makes in their advertisements, (3) the product will be suitable for the ordinary purposes for which such product is used, (4) the product will be suitable for any special purposes that the State has relied on the contractor's skill or judgement to consider when it advised the State about the product, (5) the product has been properly designed and manufactured, and (6) the product is free of significant defects or unusual problems about which the State has not been warned. Remedies available to the State include the following: The contractor will repair or replace (at no charge to the State) the product whose nonconformance is discovered and made known to the contractor in writing. If the repaired and/or replaced product proves to be inadequate, or fails of its essential purpose, the contractor will refund the full amount of any payments that have been made. Nothing in this warranty will be construed to limit any rights or remedies the State of Utah may otherwise have under this contract.
15. **PUBLIC INFORMATION:** Contractor agrees that the contract will be a public document, as to distribution of copies, and Contractor gives the STATE express permission to make copies of the contract and/or of the response to the solicitation in accordance with the State of Utah Government Records Access and Management Act. The permission to make copies as noted will take precedence over any statements of confidentiality, proprietary information, copyright information, or similar notation.

(Revision date: Apr 24, 2002)

COMMODITIES

LEHI PIONEER DAYCARE (01)
VALERIE HARRISON
180 NORTH 500 EAST
LEHI, UT 84043

GRANITE SPECIAL EDUCATION
PRESCHOOL (12)
CHRIS NEIBAUR
3770 W VIXEN WAY (6020 S)
KEARNS, UT 84118

JORDAN SCHOOL DIST. (14)
MARILYN CLAYTON
9361 SOUTH 500 WEST
SANDY, UT 84070-2902

UINTAH SCHOOL DISTRICT (31)
RUSSELL ANDERSON
210 S 100 E
VERNAL, UT 84078

OGDEN SCHOOL DIST. DBA OGDEN
WEBER CARES (37)
MARSHA PRANTIL
2444 ADAMS AVE
OGDEN, UT 84401

PROVO SCH DIST-CONCEPT KEY (38)
BROOKE RASMUSSEN
243 EAST 2320 NORTH
PROVO, UT 84604

OGDEN WEBER AREA TECH CTR (44)
AMY JEWELL
559 E AVC LANE
OGDEN, UT 84404

SLCC Eccles ECD Lab School (49)
BARBARA JOHNSON
POB 30808
SALT LAKE CITY, UT 84130

VALLEY MENTAL HEALTH (CBTU) (A1)
PETER M NICHOLAS
668 S 1300 E
SLC, UT 84102

KINDERLAND CENTER INC (A7)
RONI LYNN JENKINS
670 W 400 N
OREM, UT 84057

DISCOVERY WORLD (A8)
EMILY SILVA
5971 S 1900 W
ROY, UT 84067

ROCK-A-BYE INFANT/CHILD CARE (A9)
LORI RIDDLE
3844 S 1100 E
SALT LAKE CITY, UT 84106

ABC KIDDY WORLD (AA)
ROBYN HIGGINSON
1026 E 460 S
PROVO, UT 84606

BEST FRIENDS CHILD DEV (LRH) (AE)
VICKIE MCMURRAY
410 E 1250 N
LOGAN, UT 84341

MOUNTAINLAND HEAD START (B4)
LINDA LEE
264 W 300 N
PROVO, UT 84601

ABC CHILD DEVELOPMENT (B5)
CONNIE MILLECAM
360 E CENTER ST
CLEARFIELD, UT 84015

CHILDREN'S CENTER U OF U (B6)
KAREN J HANSEN
1855 E MEDICAL DRIVE
SALT LAKE CITY, UT 84112-1108

KIDDIE KOLLEGE (B8)
JOYCE GILL
2966 LEHI DRIVE
WEST VALLEY CITY, UT 84119

TILLEY TIME (BB)
DEBORAH TILLEY
4579 SOUTH 1175 WEST
TAYLORSVILLE, UT 84123

BOYS & GIRLS CLUB MURRAY (BC)
JENNIFER ROBERTSON
PO BOX 57071
MURRAY, UT 84107

SUNNY DAY CHILD CARE CENTER (BE)
MARY WOOTTON
221 W 700 S
HEBER CITY, UT 84032

SANDY'S PLAYHOUSE (BX)
DENECE LITTLE
330 S MAIN
LOGAN, UT 84321

YOUNG PEOPLES DAYCARE (BZ)
KATHY MASHBURN
495 S 600 W
VERNAL, UT 84078

MAINSTREET DAY CARE CENTER (C7)
VICKI REYNOLDS
1601 S MAIN ST
SALT LAKE CITY, UT 84115

HILL AFB CHILD DEV CTR (C9)
LINDA MCKENZIE-BERGLOFF
75 SPTG/SVYC
HILL AFB, UT 84056

TLC FOR KIDS (CB)
LINDA BIRD
343 S MAIN
SPRINGVILLE, UT 84663

LEARNING EXPRESS INC (CD)
COLLEEN GERBER
9263 S REDWOOD ROAD
WEST JORDAN, UT 84088

MCKAY-DEE CHILD DEVELOPMENT
(CI)
JANNA BARNETT
4401 HARRISON BLVD
OGDEN, UT 84409

IHC CHILD DEVELOPMENT CENTER
(CJ)
THERESA M CREEL
259 SOUTH 500 EAST
SALT LAKE CITY, UT 84102

MILESTONE LEARNING CENTER (CK)
JOYCE HASTING
1165 S 180 E
PROVO, UT 84605

COMMODITIES

WSU - MELBA S LEHNER (D3)
LEE CARRILLO
1301 UNIVERSITY CIRCLE
OGDEN, UT 84408

JOYCES EARLY WORLD OF
LEARNING (D9)
JOYCE B MCCOMBS
125 W CENTER
SMITHFIELD, UT 84335

DEVLIN'S CHILD DEV CTR (DG)
ROBERT J DEVLIN
2156 S 10TH E
SALT LAKE CITY, UT 84106

KIDS ARE PEOPLE TOO (DU)
JEANNENE WILLIAMS
POB 543
WENDOVER, UT 84083

FUN TO LEARN (DW)
KAT SORENSEN
3361 W LADY DOVE LANE
SOUTH JORDAN, UT 84095

KINDER GARDEN, THE (DY)
DOROTHY AHLIN
12 E 700 S MAIN
ST GEORGE, UT 84770

YOUR COMMUNITY CONNECTION (E3)
SHARON HARRIS
2261 ADAMS AVE
OGDEN, UT 84401

DUGWAY PROVING GROUND CHILD
DEVELOPMENT CENTER (E6)
AMY J BATE
PO BOX 245
DUGWAY PROVING GRND, UT 84022

OSC CHILD CARE CENTER (E8)
ANJANETTE STOTT
PO BOX 9162
OGDEN, UT 84409

CARE A LOT SALINA (ED)
SANDRA NIELSON
45 S 200 W
SALINA, UT 84654

CENTRO DE LA FAMILIA (EG)
RUDY ANDERSON
3780 SOUTH WEST TEMPLE
SOUTH SALT LAKE, UT 84115-4461

OUR HOUSE (EM)
CAROLINE ALDER
353 W 200 S SUITE 100
SALT LAKE CITY, UT 84101

ALL ABOUT KIDS (EN)
KAREN ALLISON
240 E 1250 N
LOGAN, UT 84321

ALL ABOARD TRAINING JUNCTION (ET)
SANEH ECHOLS
372 S 900 W
PROVO, UT 84601

BEAR RIVER HEAD START (F1)
RACHEL COOK
75 S 400 W
LOGAN, UT 84321

CHILDREN'S CLASSIC (F2)
SHAUNA KENDELL
160 9TH ST
OGDEN, UT 84404

EARLY CHILDHOOD EDUC CTR U OF
U (F5)
PEGGY GOLDING
1601 UNIVERSITY VILLAGE E
SALT LAKE CITY, UT 84108

NEIGHBORHOOD HOUSE (F7)
VICTORIA MARIE MORI
1050 W 500 S
SALT LAKE CITY, UT 84104

OGDEN AREA COMM ACTION
AGENCY (F8)
JACKIE SCOTT WALLWORK
3159 GRANT AVENUE
OGDEN, UT 84401

SALT LAKE CAP (F9)
VALERIE MCCARTY
1307 S 900 W
SALT LAKE CITY, UT 84104

KIDS KOLLEGE (FC)
DAVID L PAULSEN
61 E 800 N
OREM, UT 84057

UINTAH ADULT ACTIVITY CENTER (FJ)
SHAWN MATHESON
510 S 500 W
VERNAL, UT 84078

OVER THE RAINBOW (FZ)
LILY MAUGHAN
4050 SOUTH 2700 WEST
WEST VALLEY CITY, UT 84119

UTE INDIAN TRIBE HEAD START (G3)
THOMAS R MORGAN
PO BOX 265
FT DUCHESNE, UT 84026

RUCD HEAD START (G4)
LYNETTE MITCHELL
PO BOX 508
WELLINGTON, UT 84542

SL COUNTY COMM & SUPP SVC (G7)
PAUL ROSS DEBRA BUTLER-2503
LARRY MCKINNEY
2001 S STATE #S4400
SALT LAKE CITY, UT 84190

KIDS FIRST (GB)
WILLIAM H STIRLING
PO BOX 697
KAYSVILLE, UT 84037

LITTLE RASCALS PLAYHOUSE (GC)
SHELLEY SCHOFIELD
1312 COLONIAL DRIVE
SALT LAKE CITY, UT 84108

ANDERSON'S GREAT BEGINNINGS
(GF)
JOHNNY ANDERSON
3672 S REDWOOD RD REAR
WEST VALLEY CITY, UT 84119

TENDER TOUCH LEARNING CTR (H1)
SCOTT NIELSEN
6990 S 1300 W
WEST JORDAN, UT 84084

COMMODITIES

KID CARE CO (H6)
LYNNE SHOSTED
475 S REDWOOD RD
SALT LAKE CITY, UT 84104

IVY COTTAGE CHILDRENS CENTER
(HN)
LESLIE ANN SMITH
640 E 700 S #10-B
ST GEORGE, UT 84770

LAYTON CHILDREN'S CENTER (HW)
JOAN SCHROEDER
4547 PORTER AVENUE
OGDEN, UT 84403

A CHILD'S WORLD (JW)
SUSAN WILLIAMS
1017 E 600 S
ST GEORGE, UT 84790

ADVENTURE CENTER PRESCHOOL,
INC (KC)
KELLY FOWLER
3868 S 200 E
SALT LAKE CITY, UT 84115

NIKI'S PLAYHOUSE (KJ)
NICHOLE KOFFORD
5965 CEDAR LANE
OGDEN, UT 84403

SUNBURST CHILD CARE (LH)
ANDREA FLEMING
170 N 1150
VERNAL, UT 84078

ASWP, SMALL WORLD CHILD CARE
CENTERS (M3)
LISA PALMER
4130 S 3600 W
WEST VALLEY CITY, UT 84119

UVSC - WEE CARE CENTER (M9)
CAROL VERBECKY
800 W UNIV PKWY MS 134
OREM, UT 84058

YWCA OF SALT LAKE CITY (ME)
LAURA DALTON
322 E 300 S
SALT LAKE CITY, UT 84111

CHILDREN'S EXPRESS (H8)
JOAN NICHOL
2231 LORITA WY
SLC, UT 84093

DIXIE KIDS, INC. (HR)
DAVID STIRLING
45 S 800 E
ST GEORGE, UT 84770

ETC/TEDDY BEAR DAYCARE INC (JB)
MONT B HARDY
298 E 24TH ST SUITE 210
OGDEN, UT 84401

FROG AND TOAD (K1)
COLLEEN UTLEY
181 E 8960 S
SANDY, UT 84070

LIT'L SCHOLARS (KE)
DEANN MCMASTER
653 SIMPSON AVE
SALT LAKE CITY, UT 84106

FUNTIME II CHILDCARE CENTER (KK)
RICHARD YOCOM
1248 S 300 E
Salt Lake City, UT 84111

WEST JORDAN CHILD CENTER (LR)
LINDA FLEMING
7195 S REDWOOD RD
WEST JORDAN, UT 84084

CHILDREN'S PLACE (M4)
MARLENE MITCHELL/LAURA
SOLOMON
3595 S 3600 W
WEST VALLEY CITY, UT 84119

LITTLE IMAGINATIONS (MB)
DORIS E PARKER
PO BOX 613
ROOSEVELT, UT 84066

YOUR COMMUNITY
CONNECTION/DV/RCC (MF)
SHARON HARRIS
2261 ADAMS AVE
OGDEN, UT 84401

UTE TRIBE CHILD CARE PROGRAM
(HA)
CHRISTELLA LARGE
PO BOX 190
FT DUCHESNE, UT 84026

KIDZ ACADEMY (HV)
ISABEL LOPEZ
4716 SOUTH 200 WEST
MURRAY, UT 84107

KIDS OF CAMELOT (JT)
CRISTINA NUMBERS
1001 SOUTH LAKEVIEW DRIVE
BOUNTIFUL, UT 84010

KIDS COUNT DAYCARE II (KB)
JASON WILLIAMS
215 E 100 N
SPANISH FORK, UT 84660

BEAR RIVER EARLY HEAD START (KG)
ALISSA WELLER
95 W 100 S #100
LOGAN, UT 84321

SUU CHILD CARE CENTER (LF)
BEVERLY MC GARVEY
43 S 200 W
CEDAR CITY, UT 84720

COUNTRY KIDS CHILDRENS CENTER
(LV)
PEGGY GUBLER
945 COUNTRY LANE
SANTA CLARA, UT 84765

CREATIVE TIMES (M5)
JANET SALAZAR
302 CHIMES VIEW
OGDEN, UT 84405

CE CE'S DAYCARE (MC)
WENDI PHIPPS
2778 W 5300 S
ROY, UT 84067

MY FRIENDS HOUSE (MJ)
CAROL WATSON
320 W STATE STREET
HURRICANE, UT 84737

COMMODITIES

MINI WORLD (MK)
SHIRLEE BARLOW
BOX 840870
HILDALE, UT 84784-0870

AAA ALPHABET ACADEMY (MN)
KERRY EMERY
340 W 920 S #145
PROVO, UT 84601

TOMORROW'S TREASURES (MP)
AMY WEIKER
510 WEST 1000 NORTH
TREMONTON, UT 84337-8819

PRESCHOOLERS DAYCARE
LEARNING CENTER (MS)
KRISTINE BUCKNER
595 N 500 W
BOUNTIFUL, UT 84010

CARE A LOT CHILD CARE SOUTH (MT)
CHARLENE JENSEN
1822 SOUTH 2000 WEST
SYRACUSE, UT 84075

GRANDMA'S HOUSE EDUCATIONAL
CENTER (MV)
LISA STEED
259 2ND STREET
OGDEN, UT 84404

IRON PARKE/TURN (MW)
JAN PARKE
295 SOUTH 200 EAST
CEDAR CITY, UT 84720

RAINBOW'S END OF WEST JORDAN
(MX)
DALE BYERS
7908 S OLD BINGHAM HWY
WEST JORDAN, UT 84088

FAITH BAPTIST ACADEMY (MZ)
LORI SMITH
2430 N FAIRFIELD RD
LAYTON, UT 84041

BOYS/GIRLS CLUB OF GREATER SL
(N2)
JAMES L JENSEN
968 SUGARMONT DR
SALT LAKE CITY, UT 84106

CANDY CAMPUS INC (N4)
KRISTA ANDERSON
265 S MAIN ST
LAYTON, UT 84041

AUNT LORRETTA'S DAYCARE (N6)
LORRETTA BOWMAN
140 E 5600 S
MURRAY, UT 84107

ALLEN'S PRESCHOOL & DAYCARE (N7)
BERTHA AND GLENN ALLEN
4708 S 200 W
MURRAY, UT 84107

THE CHILDREN'S HOME (NB)
NANCY STEWART
4547 SOUTH 4000 WEST
WEST VALLEY CITY, UT 84120

DARLENE'S DAYCARE (NE)
DARLENE HARVEL
130 NORTH 200 EAST
PRICE, UT 84501-2511

CHILDREN'S HOUSE ^{usu} (NF)
LINDA GILGEN
7825 OLD MAIN HILL
LOGAN, UT 84322-7825

TENDER YEARS (NG)
SCOTT SINGLETON
325 W 1700 S SUITE 16
CLEARFIELD, UT 84015

BUILDING BLOCKS CHILD CARE
CENTER (NJ)
CHRISTINE DELGADO
415 17TH STREET
OGDEN, UT 84401-5754

LIL' RASCALS CHILDCARE CENTER
(NK)
CRYSTAL MESLOH
924 24TH STREET 1-A
OGDEN, UT 84401-2641

KIDDIE ACADEMY (NN)
DAVID PORTER
5353 SOUTH 1950 WEST
ROY, UT 84067

SOUTHERN UTAH KIDS CLUB (NP)
COLETTE SMITH
188 EAST 300 SOUTH
ST. GEORGE, UT 84770

SUNNYSIDE DAYCARE (NR)
KATRINA LYELLS
1525 WEST 2700 NORTH
PLEASANT VIEW, UT 84414

HENINGER CHILD CARE CENTER (NS)
KAYE STARR HENINGER
1382 NORTH HWY 89
LAYTON, UT 84040

ALPHA BETA CHILD'S SUCCESS (NT)
SALLY KADLECK
12342 SOUTH 450 EAST
DRAPER, UT 84020

THE CHILDREN'S COTTAGE (NU)
LIZ HOGGAN
4615 SOUTH HIGHLAND DRIVE
HOLLADAY, UT 84117

STEPPING STONES (NV)
MELANIE MCPHERSON
445 EAST 200 NORTH
NEPHI, UT 84648

LITTLE CHILDREN'S ACADEMY (NW)
MANUEL ZAFRA
867 WEST 3800 SOUTH
NORTH SALT LAKE, UT 84054

KINDER CARE LEARNING CENTERS,
INC. (NX)
JIL CLICK
650 NE HOLLADAY ST
PORTLAND, OR 97232

LEARNING TREE SCHOOLS, INC. (NY)
AMY MOYES
4540 SOUTH 900 EAST
SALT LAKE CITY, UT 84117

FAMILY ENRICHMENT CTR (NZ)
MARK DEWSNUP
320 S 500 E
KAYSVILLE, UT 84037

COMMODITIES

HUG-A-DAY CHILD CARE CENTER (P1)
CONNIE J. WHICKER
344 E 200 N
KAYSVILLE, UT 84037

COLLEGE FOR TOTS (P2)
DENZLE WILLIAMS
1134 E MUTTON HOLLOW RD
KAYSVILLE, UT 84037

EDU-CARE/ADVENTURES IN
LEARNING (R9)
SHELLIE LARIOS
2182 N HILLFIELD RD #4
LAYTON, UT 84041

THE CHILDREN'S ORCHARD (RB)
PATRICK REID
195 SOUTH MAIN
ST. GEORGE, UT 84770

LOLLIPOP LANE CHILD CARE CENTER
(RC)
CINDY SEARLE
1150 SOUTH MAIN
BOUNTIFUL, UT 84010

CLEARFIELD CITY CORPORATION (RD)
PAT BERGSENG
55 SOUTH STATE STREET
CLEARFIELD, UT 84015

STEP BY STEP DAYCARE &
LEARNING CENTER (RE)
JENNIFER BILLMAN
4439 SOUTH 700 WEST
RIVERDALE, UT 84405

GUARDIAN ANGEL CHILD CARE (RF)
KAY PHILLIPS
2574 SOUTH REDWOOD ROAD
WEST VALLEY CITY, UT 84119

CHILDREN'S CHOICE INC. (RG)
CONNIE MADSEN
10750 SOUTH 1300 EAST
SANDY, UT 84094

BOYS & GIRLS CLUB OF UTAH
COUNTY (RH)
SHANNI CALL
1060 EAST 150 NORTH
PROVO, UT 84606

TENDER LOVING CARE (S9)
LOIS JOHNSON
1035 W INDIANA AVENUE
SALT LAKE CITY, UT 84104

ABC PRE-SCHOOL (T5)
CONNIE MILLECAM
3424 S 3600 W
WEST VALLEY CITY, UT 84119

MAGIC CASTLE CHILD
CARE/PRESCHOOL (U8)
CAROL ANN HOLCOMBE
4665 S 1300 E
SALT LAKE CITY, UT 84117

ADVENTURE TIME CHILD CARE CTR
(V2)
GINGER WOOLLEY
731 W COLUMBIA LANE
PROVO, UT 84604

SUU HEAD START (V7)
VIRGINIA HIGBEE
SUU BOX 8985
CEDAR CITY, UT 84720

LOVING CARE CHILDREN'S CENTER
(V8)
VIVIAN MILNER
1421 MAJOR ST
SALT LAKE CITY, UT 84115

PROGRESSIVE PRESCHOOL (W5)
JAMIE DOBSON
655 36TH ST
OGDEN, UT 84403

APPLE DEV DAYCARE (W9)
JAMSHID MARDANLOU
455 W CENTER ST
BOUNTIFUL, UT 84010

TEST SNACK SITE (XYZ)

CARING CORNER CHILD CARE (Y1)
GAYLE ANDERSON
4155 W SHOSHONE LAKE DR
WEST JORDAN, UT 84088-6350

KIDS CONNECTION DAYCARE (Y5)
JEANETTE HERBERT
906 SOUTH STATE STREET
OREM, UT 84097

PAGE'S DAY CARE (Y8)
SALLY ELWOOD
PO BOX 381
ROY, UT 84067

DISCOVERY HALL (Z6)
VIRGIL MERRILL
1063 E 200 S
SALT LAKE CITY, UT 84102

COMMODITIES

OREM CHILD CARE NUTRITION
PROGRAM, INC.
DIO OWCZARZAK
563 W 1700 N
OREM UT 84057-2523

C & W, INC.
JONI GREENWELL
8364 S TOP OF THE WORLD DR
SALT LAKE CITY UT 84121

HELPING HANDS INC.
SUSAN ISON
2964 W 4700 S # 210
SALT LAKE CITY UT 84118

NEW LIFE FOR CHILDREN
VIKA SATUALA
445 E 200 S #311
SALT LAKE CTIY UT 84111-2146

HAFB - Child Nutrition Program
BAMBIE BEKINS
75 SPTG/SVYD, 5731 "E" Ave., Bldg. 460
HILL AFB UT 84056

CHILD MANAGEMENT ASSOCIATES
LAURIE HOFMANN
P O BOX 271431
SALT LAKE CITY UT 84127-1431

CHILD DAY CARE NUTRITION
PROGRAM
JEANIE PECK
6830 OLD MAIN HILL
LOGAN UT 84322-6830

ALLIANCE FOR CHILDREN
PAULA BARTON
PO BOX 575794
MURRAY UT 84157-5794

INCA
DEBRA HOLBROOK
333 2ND STREET SUITE #15
OGDEN UT 84404-3975

**CHILD AND ADULT CARE FOOD PROGRAM
SPONSOR ADMINISTRATIVE REVIEW FORM**

| Date(s) of review | Arrival time(s) | Departure time(s) |
|-------------------|-----------------|-------------------|
| | | |
| | | |

Complete Documents on File

| Document | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| 1. Application | | | | |
| 2. Management Plan | | | | |
| 3. Approved Free and Reduced Price Policy Statement | | | | |
| 4. IRS Determination | | | | |
| 5. News Media Release | | | | |
| 6. Procurement Documentation | | | | |
| 7. Food Service Contracts | | | | |
| 8. Site Application(s) | | | | |
| 9. Monthly Claims for Reimbursement (including supporting documentation) | | | | |
| 10. Program Income Records | | | | |
| 11. Program Expense Records (Ledger) | | | | |
| 12. State Agency Bulletins/Memos | | | | |
| 13. Master list of enrolled children indicating claiming category | | | | |
| 14. Title XX Documentation | | | | |

15. The institution/sponsor maintains all program records for three years after the date of submission of the final claim for reimbursement for the fiscal year to which they pertain, or if an audit is outstanding, until the audit is closed.

" Yes " No

CIVIL RIGHTS

DATA

16. The institution collects racial/ethnic data for enrolled children at each center annually and keeps this information on file for the required time period.
- " Yes " No
17. The institution announces publicly that admission is open all regardless of race, color, national origin, sex, age or disability.
- " Yes " No
18. The institution allows equal access to its program regardless of race, color, national origin, sex, age, or disability, to all attending children.
- " Yes " No
19. All publications and other forms of communication, such as radio and TV announcements, used to inform the general public,

parents of beneficiaries, and potential beneficiaries about the program include the required nondiscrimination statement and the procedure for filing a complaint. (Note: Radio or TV announcements 30 seconds or less may use the phrase, "This institution is an equal opportunity provider.") " Yes " No

20. The nondiscrimination poster "....AND JUSTICE FOR ALL" is posted in a conspicuous place. " Yes
" No
21. Informational materials are provided in the appropriate translation concerning the availability and nutritional benefits of the program, as needed.
" Yes " No
22. The institution makes CACFP information available to the public upon request. " Yes
" No
23. Materials provided by the institution which explain the CACFP to parents include the nondiscrimination statement and the procedure for filing a complaint.
" Yes " No

PARTICIPATION DATA AND ELIGIBILITY

24. Review Month:
25. Number of sites reported on the Claim for Reimbursement for the review month:
26. Number of approved sites verified as participating in the review month:
27. The sponsor/center only claimed reimbursement for approved site(s). " Yes
" No
If "No" list the site(s) that were claimed but not approved and number of meals. Record required corrective action.
25. The sponsor/center only claimed reimbursement for approved meal types and times. " Yes
" No
If "No," list the site(s) meals and meal times that were claimed but not approved. Record required corrective action.
26. Enrollment records are on file to support all children who are claimed. " Yes
" No
Verify at least 30%. If "No," list the children who were claimed and not supported by enrollment records

and record required corrective action.

27. Children enrolled are within the regulatory age limits. " Yes " No
If ANo,@ list the children on program calculation sheet and record required corrective action.
28. The institution uses the current income eligibility forms and guidelines and parent/guardian letter approved by the state agency. " Yes
" No
If ANo,@ explain and record required corrective action.
29. Complete and correctly approved income eligibility forms are on file for each child claimed for free or reduced-price meals during the review month. " Yes " No
If ANo@list the children who were claimed for free or reduced priced meals without a complete and correctly approved income eligibility form and record required corrective action on the Income Eligibility Discrepancy Review form. Complete the chart and document the number of children claimed by type, site, and the discrepancies. Record discrepancies on calculation sheet.
- Verification of 100% " Administrative Review of 30% "

PROPRIETARY TITLE XX CENTERS ONLY

| 33. Month: | Site 1 | Site 2 | Site 3 | Site 4 | Site 5 |
|-----------------------------|-----------|-----------|-----------|-----------|-----------|
| # of Enrolled Children | | | | | |
| Licensed Capacity | | | | | |
| # of Title XX Beneficiaries | | | | | |
| % of Title XX | | | | | |

Meals are served and claimed at proprietary Title XX centers only during the calendar months when at least 25% of the enrolled children or licensed capacity, whichever is less, are Title XX beneficiaries.

- " Yes " No
If ANo,@ explain and record required corrective action.

LICENSE INFORMATION

34. License is current Expiration Date: _____ " Yes " No
35. License is prominently displayed. " Yes
" No
36. The center is at/within license capacity, and provider/child ratio at the time of review
Capacity: _____ Present: _____ " Yes
" No
- If ANo,@ explain:
37. Center/sponsor is license-exempt " Yes
" No
- If yes, fire/safety and health/sanitation inspections are current " Yes
" No
- Copy of self-certification checklist is on file " N/A " Yes
" No

TRAINING

38. The center/sponsor received training conducted by USOE staff within the last year " Yes
" No
- Date: _____ At USOE ____ FOCUS Training ____ On site by CACFP Personnel
39. The center has implemented ideas/information provided during training. " Yes " No
- Explain:
40. Center staff recommendations for future topics/needs or training improvement ideas are:
41. The center/sponsor provide all new staff with CACFP training. " Yes " No
- If ANo,@ explain:
42. Training is documented, at least annually, by agendas, attendance lists, and topics. " Yes
" No
- If ANo,@ explain:

43. The training topics facilitate meeting the goals of the CACFP standards . " Yes

" No

If ANo,@ explain:

MONITORING N/A

28. Sponsor monitors sites " Yes " No
Total number of sites _____ Number of sites visited within current fiscal year

44. Monitoring visits done within time schedules described in the management plan for the program year.(At least 3 times
per year for Daycare; 6 times per year for
outside school hours.)

" Yes " No

If ANo,@explain:

45. Sponsor uses the review form required/approved by the State Agency. " Yes

" No

If ANo,@explain:

46. Sponsor has conducted and documented all required reviews. " Yes

" No

If ANo,@explain

29. The sponsor maintains complete and accurate records of corrective action required and taken. " Yes

" No

If ANo,@explain:

30. The sponsor conducts follow up reviews as necessary. " Yes " No

If ANo,@explain:

47. Describe how the sponsor ensures that effective corrective action occurs.

48. Describe procedures implemented by the sponsor for addressing centers with ongoing noncompliance.

CLAIMS FOR REIMBURSEMENT VERIFICATION

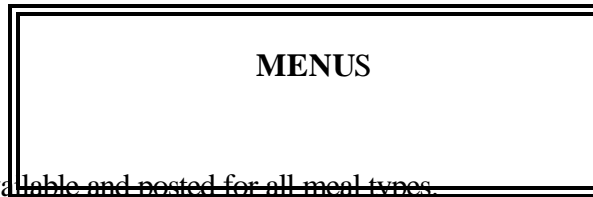
MEAL COUNTS

49. Meal count is taken at point of service for each meal. " Yes
" No
If ANo,@explain:
50. The meal participation roll is taken by
51. What kind of meal participation count record exists? " Hand count sheets " Computer (program name-
_____)
Center completes an alternate point of service meal count and prints weekly documentation " N/A " Yes
" No
If ANo,@explain and record required corrective action:
52. Daily point of service meal count records are maintained for each enrolled child at each center for each serving day of the month.
" Yes " No
If ANo,@explain and record required corrective action:
53. The institution implements Aedit checks@that ensure accurate meal counts. " Yes
" No
If ANo,@explain:
54. Meal counts are accurate before claim is submitted to USOE. " Yes
" No
List months and meals tested:

If ANo,@explain below and/or record on over claim sheet:
55. Confidentiality is maintained for Free and Reduced Priced participants. " Yes " No
If ANo,@recommendation:
56. Sign in/out sheets correspond to meal count records. " Yes
" No

If **ANo**,@explain below and record on calculation sheet.

57. Attendance and meal count records are maintained separately. " Yes
" No



58. Planned menus are available and posted for all meal types. " Yes
" No

59. Meals or snacks are provided by:

" On Site Preparation " Food Management Company " School District " Central Kitchen

60. Daily, dated meal production for both children and infants, as applicable, are available, and up to date at the center, for all approved/ claimed meals. If using a Food Service, transportation sheets are maintained.
" Yes " No

If **ANo**,@explain and record required corrective action:

61. Changes are noted on the menus/meal production records. " Yes
" No

If **ANo**,@explain:

62. Cycle menus are utilized. " Yes
" No

If **AYes**,@number of weeks in cycle

63. Center reviews menus and accurately verifies menus for meal pattern requirements prior to compiling the claim for reimbursement. " Yes
" No

If **ANo**,@explain and record required corrective action:

64. Menus reflect good nutrition by variety of colors, temperatures, textures, shapes, sizes and flavors. " Yes
" No

If **ANo**,@explain:

65. Medical statements are on file for all substitutions related to medical, special dietary or religious needs. " N/A " Yes " No

DAY OF REVIEW - OBSERVATION OF MEAL SERVICE

66. Circle meal observed and record applicable meal times.

| | Breakfast | A.M. Snack | Lunch | P.M. Snack | Supper |
|------------------------------|------------------|-------------------|--------------|-------------------|---------------|
| Scheduled Meal Service Time: | | | | | |
| Meal Service Time Observed: | | | | | |

67. Record the food items and serving sizes.

| 1-12 Year Olds | | |
|------------------------------|------------------|---------------------|
| Meal Components | Food Item | Serving Size |
| Milk | | |
| Meat/Meat Alternate | | |
| Fruit/Vegetable | | |
| Fruit/Vegetable | | |
| Bread/Bread Alternate | | |
| Other | | |

68. The menu documentation corresponds to the meal observed. " Yes
" No
If **No**, explain:

69. The meal observed contains all components and fulfills minimum requirements. " Yes
" No
If **No**, list the missing components and describe technical assistance provided.

70. Was meal served **I**ndividually or **F**amily Style? " I " F
If family style, was child encouraged to take correct portion sizes? " N/A " Yes
" No
If family style, were the participants encouraged to eat all the meal components? " N/A " Yes
" No

71. The meal service occurs in a positive/pleasant environment. " Yes
" No

72. Record meal production record for meal observed:

| FOOD | Quantities Planned | | | Serving Size | | |
|-------------|---------------------------|---------------------------|-------------------------|---------------------|-------------|-------------|
| | Units | X Serving per unit | = Total servings | Cans/Gal | Lbs. | USDA |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | | | | |
|------------------------|-----------------------|------------|------------|-------------|---------------|--|
| | | | | | | |
| | | | | | | |
| Number Planned: | Number Served: | 1-2 | 3-5 | 6-12 | Adults | |

Comments:

73. Record the food items served and serving sizes for infant meals. " N/A

| INFANTS | | | |
|--|-----------------------------------|---------------------------|----------------------------|
| Meal Components | Food Item and Serving Size | | |
| | Birth through 3 months | 4 through 7 months | 8 through 11 months |
| Iron Fortified Formula Breast Milk/Whole Milk | | | |
| Infant Cereal | | | |
| Fruit/Vegetable | | | |
| Meat/Meat Alternate | | | |

74. At least one required component of the infant meal pattern is supplied by the center for claimed infant meals. " Yes " No
If ANo,@explain:

HEALTH/SAFETY/SANITATION

| | Yes | No |
|--|------------|-----------|
| 78. The refrigeration units are clean and free of odors. | | |
| 79. Thermometers are present in food storage areas to monitor appropriate temperatures. (Refrigerator 40 degrees, freezer 0 degrees or below, and dry storage 70 degrees or below) | | |
| 80. Food is properly stored in refrigeration units and in dry areas. | | |
| 81. Food is stored at least 6" off floor. | | |
| 82. Cleaning supplies and other toxic materials are safely stored out of the reach of children and away from food. | | |
| 83. There are no obvious fire, health and/or safety hazards observed in the center. | | |
| 84. Food service was conducted in compliance with generally accepted health and sanitation practices. | | |
| 85. Comments: | | |

COMMODITIES

86. Center elects to receive: Cash-in-lieu _____ Commodities
If center receives cash-in-lieu, skip to next section. If center is receiving USDA commodities, continue.
87. USDA commodity usage is reflected on meal production records. " Yes
" No
If ANo,@explain:
88. Monthly inventory records are maintained. " Yes
" No
If ANo,@explain:
89. Commodities are stored: Pallets _____ Shelves _____ Away from walls _____ Other
90. Commodities are readily identifiable and separated from purchased items. " Yes
" No
If ANo,@explain:

FISCAL INTEGRITY AND PROCUREMENT

91. Institution operates a non-profit food service operation. Complete ledger for one month of financial data.
" Yes " No
92. The institution's cost justified its reimbursement. " Yes
" No
If ANo,@explain and record required corrective action:
93. The institutions food items purchased support menus claimed " Yes
" No
If ANo,@explain:
94. There are dated and itemized grocery receipts. " Yes
" No
95. Non-food program items and non-program items are separated. " Yes
" No
96. The following are used for back up or additional documentation: Invoices _____ Ledgers _____ Canceled
Checks
97. Total gallons of milk purchased for month tested sufficient to serve the meals claimed. " Yes
" No
If ANo,@explain or record on calculation sheet:
97. Documentation is on file to support the method of procurement used. " N/A " Yes
" No
98. Competitive bidding is used for purchases with a total value greater than \$10,000. " N/A " Yes
" No

| |
|---|
| SUMMARY OF FINDINGS AND/OR RECOMMENDATIONS |
|---|

Record review Item # and a brief description of finding and/or recommendation.

The review is closed. " Review remains open until corrective action has been met "
Review conducted by contract reviewers and will be closed by CNP Specialist "

I understand that if I do not implement recommendations as noted in this review it may result in over claims and/or a serious deficiency.

| Reviewer | Date | Institution Representative | Date |
|----------|------|----------------------------|------|
| | | | |

FAMILY DAY CARE HOME SPONSOR ADMINISTRATIVE REVIEW

Sponsor:

Date of Review:

Date of Home Visits:

| | | | | |
|--|------------|-----------|------------|-----------------|
| Determine the period to review: _____. | | | | |
| 1-100: _____ # of homes x 10% = _____ total to review. 101 + : _____ # of homes x 5% _____ total to review. [If problems, expand sample.] | | | | |
| Using the final FDCIS list or claim from USOE, complete the following to determine # of homes to review: Tier I homes = _____/total # of homes = _____ x total # of homes to be reviewed = _____ # to review. Tier II homes = _____/total # of homes = _____ x total # of homes to be reviewed = _____ # to review. Mixed homes = _____/total # of homes = _____ x total # of homes to be reviewed = _____ # to review. | | | | |
| To determine the # of IEFs to verify, complete the following: Total IEFs on file _____ x 10% = _____ - IEFs reviewed in conjunction with tiering _____ = _____ additional IEFs to review. | | | | |
| PRIOR REVIEWS AND AUDITS | | | | |
| At USOE | | | | Comments |
| 1. Look at the last audit and administrative review to find if corrective actions had been assigned and completed. Look at the summary of drop-in visit findings for the past year. Determine if there are any significant issues to be addressed. List or attach findings or issues. | | | | |
| 2. Is there a serious deficiency? | | | | |
| 3. Does the sponsor have any outstanding corrective actions from audit? | | | | |
| 4. Does the sponsor have any outstanding corrective actions from administrative review? | | | | |
| 5. Describe actions reported as taken by sponsor to correct problems/deficiencies. | | | | |
| At the Sponsor's Office | Yes | No | N/A | Comments |
| 6. Did the corrective action permanently correct the problem? If no, describe. | | | | |

| | | | | |
|--|--|--|--|--|
| 7. What steps has the sponsor taken to address drop-in findings? Have these been adequate? Explain. | | | | |
|--|--|--|--|--|

| GOVERNING BOARD (Nonprofit Only) | | | | |
|---|------------|-----------|------------|-----------------|
| At USOE | | | | Comments |
| 8. Review sponsor Management Plan, Department of Commerce Report and IRS 990 form to determine who the board members are. | | | | |
| 9. List the names of the board members. | | | | |
| 10. Is the majority of the board made up of people who are not financially interested in its activities or related to the staff or executives of the organization? | | | | |
| 11. Are any organization staff or executives voting members of the board or serving as officers of the board? Are financially interested people or relatives serving as officers of the board? If yes, what is being done to correct? | | | | |
| 12. What are the requirements for frequency of board meetings outlined in the bylaws? | | | | |
| At the Sponsor's Office | Yes | No | N/A | Comments |
| 13. After reviewing the board's minutes and other available documents, are the board members the same as reported on the Management Plan. If different, write names in comments. | | | | |
| 14. Do the minutes indicate that the board makes policy and provides program oversight? | | | | |
| 15. Do interested parties abstain from voting on issues relating to their own compensation and acknowledge other conflicts of interest? | | | | |

| | | | | |
|---|--|--|--|--|
| 16. Are the board meetings held according to the bylaws? If no, how often were they actually held? | | | | |
| 17. Is this a problem? If yes, explain. | | | | |

| RECRUITMENT | | | | |
|--|-----|----|-----|----------|
| At USOE | | | | Comments |
| 18. Evaluate sponsor's policy and procedure to recruit new providers as outlined in the management plan. | | | | |
| 19. Determine if USOE has received any complaints regarding inappropriate recruiting practices. If yes, explain. | | | | |
| At the Sponsor's Office | Yes | No | N/A | Comments |
| 20. Are the appropriate procedures being followed? | | | | |
| 21. Have inappropriate recruiting practices been terminated? (see #19) | | | | |
| RECORDKEEPING | | | | |
| At USOE | | | | Comments |
| 22. Ensure that all required non-profit documentation and CACFP agreement, application, management plan and budget is on file at the SA. | | | | |
| At the Sponsor's Office | Yes | No | N/A | Comments |
| 23. Does the sponsor maintain required documentation for 3 years + the current year? | | | | |
| 24. Does the sponsor maintain the following: | | | | |
| Current nonprofit documentation | | | | |

| | | | | |
|-------------------------------------|--|--|--|--|
| Approved agreement and application | | | | |
| Approved management plan and budget | | | | |
| USOE administrative manuals | | | | |
| USOE bulletins | | | | |

| CIVIL RIGHTS | | | | |
|---|-----|----|-----|----------|
| At the Sponsor's Office | Yes | No | N/A | Comments |
| 25. Is the nondiscrimination poster, "And Justice For All," posted in a conspicuous place? | | | | |
| 26. Does the sponsor furnish CACFP informational material to the public upon request and in the appropriate translation? | | | | |
| 27. Do all publications and other forms of communication used to inform the general public, parents of beneficiaries and potential beneficiaries about the program contain the proper nondiscrimination statement? Does the sponsor provide forms to non-English speakers in the appropriate language? | | | | |
| 28. Are new enrolled providers given current civil rights information? | | | | |
| 29. Is <i>Building for the Future</i> information given to new enrolled parents in appropriate language? | | | | |
| 30. Does the sponsor allow equal access to its program, regardless of the race, color, national origin, sex, age, or disability of the day care provider? | | | | |
| 31. Do providers offer the program and serve meals to all enrolled children equally regardless of race, color, sex, age, disability or national origin? | | | | |

| | | | | | | | |
|---|--------------------------------|---------------------------|-------------------------------|--|----------|-------------------------------|-------|
| 32. Does the sponsor annually collect the number of potential eligible participants by racial/ethnic category for its target area? | | | | | | | |
| 33. Does the sponsor annually collect and record the numbers of providers and enrolled children by racial/ethnic category for each day care home and maintain for three years + current year? | | | | | | | |
| Record numbers: | American Indian Alaskan Native | Asian or Pacific Islander | Black, not of Hispanic Origin | | Hispanic | White, not of Hispanic Origin | Total |
| Providers | | | | | | | |
| Children | | | | | | | |

| TRAINING | | | | |
|---|-----|----|-----|----------|
| STAFF AND MONITORS | | | | |
| At USOE | | | | Comments |
| 34. Review the management plan for the approved training for staff and monitors. | | | | |
| 35. What are the consequences for non-attendance at training for staff and monitors? | | | | |
| At the Sponsor-s Office | Yes | No | N/A | Comments |
| 36. Is the approved training plan followed? | | | | |
| 37. Are agendas/attendance records available? | | | | |
| 38. Does documentation (topics, dates) indicate appropriate training for each position? | | | | |
| 39. Is training offered consistently to staff/monitors? | | | | |
| 40. Are the consequences for non-attendance at training enforced? | | | | |

| | | | | |
|---|--|--|--|--|
| 41. Are they enforced equitably? If no, explain. | | | | |
|---|--|--|--|--|

PROVIDERS

| At USOE | Comments |
|---|----------|
| 42. Review management plan for the approved training plan for: Pre-operational training Annual training | |
| 43. Does the sponsor account for non-attendance at training and what are the consequences? | |
| 44. Does the sponsor's method for evaluating providers' training needs include incorporating feedback from providers? | |

| At the Sponsor's Office | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| 45. Is the approved training plan followed? | | | | |
| 46. Are agendas and attendance records available for review? | | | | |
| 47. Does documentation (topics, date) indicate appropriate training? | | | | |
| 48. Does documentation indicate training opportunities in adequate places, times and languages? | | | | |
| 49. Is training offered consistently to all providers? | | | | |

| | | | | |
|---|--|--|--|--|
| <p>50. If the approved training plan was not followed, review the actual training, using the cues below to determine if topics were appropriate. Also document why they did not follow the approved training plan and determine if this was a reasonable approach</p> <ul style="list-style-type: none"> Attendance Enrollment Meal Compliance (pattern, components, creditable foods) Meal Counting/Claiming Menus Safety/Sanitation Special dietary needs Substitutions | | | | |
|---|--|--|--|--|

| FINANCIAL RESPONSIBILITY | |
|---|----------|
| At USOE | Comments |
| 51. Review and take a copy of the sponsor's current approved budget and management plan. Note problems/potential problems overlooked at approval. | |
| 52. Check for SPWA granted at time of budget approvals, note any SPWA necessary for follow-up. (Check list of required SPWA items.) | |
| 53. Review existing inventory report. | |
| 54. Review existing lease agreements and contracts. | |

| | | | | |
|---|------------|-----------|------------|-----------------|
| 55. Check with financial staff to ascertain amount, if any, of administrative advance funds. \$ | | | | |
| 56. Determine if there were any expansion funds granted, for what purpose, the amount received and any claimed expenditure. | | | | |
| At the Sponsor's Office | Yes | No | N/A | Comments |
| 57. Does the sponsor have an adequate system to ensure administrative costs are allowable and approved? | | | | |
| 58. Does the sponsor have detail (invoices, receipts, cancelled checks, etc.) to support administrative expenditures? | | | | |
| 59. Is there any evidence that the sponsor is building a contingency fund? | | | | |
| 60. Were expenditures budgeted? If no, are they allowable? | | | | |
| 61. Has the sponsor obtained SPWA before expenditure where needed? (See #52) | | | | |
| 62. Have less-than-arms-length transactions been fully disclosed and approved? If not, please explain. | | | | |
| 63. Have shared costs been properly allocated? | | | | |
| At the Sponsor's Office | Yes | No | N/A | Comments |
| 64. Does the sponsor have a complete inventory of all federally funded equipment and is it located on site? | | | | |
| 65. Are there any changes to the existing inventory as reported in the management plan? If yes, why and was it documented? | | | | |
| 66. Does the sponsor track administrative funds received against funds anticipated? | | | | |

| | | | | |
|---|------------|-----------|------------|-----------------|
| 67. Are all administrative funds reconciled monthly? If not, why? | | | | |
| 68. Is interest income identified and booked appropriately? | | | | |
| 69. Is there any problem with the existing agreements and contracts? If yes, explain. | | | | |
| 70. Are the sponsor's administrative advance funds identifiable and recoverable? | | | | |
| 71. Based upon findings from claim re-consolidation (3 months), is the amount of administrative advance excessive? If yes, reviewer must initiate overclaim. | | | | |
| 72. Are the administrative expenses accurately reported on the monthly claim form? | | | | |
| 73. Does the sponsor have a system to track provider funds received against funds anticipated? | | | | |
| 74. Are provider funds reconciled monthly? | | | | |
| 75. Are provider funds disbursed within 5 days of receipt? | | | | |
| 76. Do the funds disbursed match the amount claimed and paid? If not, why? | | | | |
| At the Sponsor's Office | Yes | No | N/A | Comments |
| 77. Is the sponsor collecting overclaims from providers? If yes, how are the funds handled? | | | | |
| 78. Are there outstanding expansion funds not expended at this time? If yes, will they be expended in the very near future? | | | | |

| | | | | |
|--|--|--|--|--|
| 79. Were the expansion funds used for approved purposes? | | | | |
| 80. Were expansion funds claimed again as administrative expenses? | | | | |
| 81. Are licensing assistance funds properly expended and documented? | | | | |
| 82. Has the board been compensated in accordance with the management plan? | | | | |
| 83. Are administrative overclaims paid to USOE from other funds? If yes, explain the fund source. | | | | |
| 84. Are time, attendance and mileage records maintained by all employees? | | | | |
| 85. Does the sponsor review and compare time, attendance and mileage records with monitoring records? | | | | |
| 86. Are employee benefits paid according to the management plan? | | | | |
| 87. Is vacation, sick leave, compensatory and overtime handled in accordance with the management plan? | | | | |
| 88. Have bonuses been distributed? If yes, was SPWA obtained before bonuses were distributed? | | | | |

CLAIM PROCESSING

| At USOE | Comments |
|---|----------|
| 89. Obtain a copy of the ledger and copies of claims to be verified, including any amendments to original claims. | |
| 90. Obtain list of active eligible providers for review month. | |

| At the Sponsor's Office | Yes | No | N/A | Comments |
|---|------------|-----------|------------|-----------------|
| 91. Has the sponsor followed the approved management plan procedure for processing claims for reimbursement? | | | | |
| 92. Does the sponsor's procedure identify and deny ineligible meals? | | | | |
| At the Sponsor's Office | Yes | No | N/A | Comments |
| 93. Does the sponsor's procedure identify and address questionable claiming patterns? | | | | |
| 94. Does the system ensure that claims are made only for eligible approved providers and children? | | | | |
| 95. Are providers approved and eligible per the list of active eligible providers (FDCIS)? | | | | |
| 96. Do providers have a current written agreement and application with the sponsor? | | | | |
| 97. Are claims being made only for eligible enrolled children? | | | | |
| 98. Does the procedure produce an accurate and timely claim to USOE for reimbursement? If no, why not? | | | | |
| 99. If #98 is no, is it because the sponsor does not have sufficient trained staff that follows established procedures for processing provider claims accurately? | | | | |

| TIER ELIGIBILITY AND DOCUMENTATION | |
|---|-----------------|
| At USOE | Comments |

| | | | | |
|--|------------|-----------|------------|-----------------|
| 100. Describe sponsor's tiering system and process. Include sponsor's system for identification and determination, renewal, hierarchy and documentation. (List cues, if needed.) | | | | |
| At the Sponsor's Office | Yes | No | N/A | Comments |
| 101. Does the sponsor implement the system described in their management plan for identifying and determining Tier I and Tier II homes including: | | | | |
| a) Hierarchy: 1. school data; 2 census; 3. income | | | | |
| b) Documentation: 1. School (district map, district description, name/title of district personnel, initials of sponsor personnel and date) 2. Census (map, block number) 3. Income (appropriate verification) | | | | |
| c) Redetermination of Tier Status: 1. School every 3 years 2. Census every 10 years or when new census figures are released 3. Income every year (including verification) 4. Tier II providers as needed | | | | |
| d) Identification of Tier II Mixed Homes: 1. Provider was given the option of having IEFs distributed to all clients? 2. Confidentiality maintained when identifying income eligible children? | | | | |
| 102. Are IEFs correctly completed and approved? | | | | |
| 103. If Tier I by area and provider claims own children, is an IEF provided? | | | | |

MONITORING POLICY AND PROCEDURES

| At USOE | | | | Comments |
|--|-----|----|-----|----------|
| 104. Review sponsor's monitoring policy and procedures. Does it appear to be appropriate? (List own cues, if needed.) | | | | |
| At the Sponsor's Office | Yes | No | N/A | Comments |
| 105. Were the following visits conducted: | | | | |
| a. minimum of 3 visits conducted for each home within the past 12 month | | | | |
| b. at least 2 visits conducted during meals | | | | |
| c. at least 1 visit unannounced | | | | |
| d. visits documented with SA approved visit form | | | | |
| e. no more than 6 months between visits | | | | |
| f. pre-approval visits completed prior to operation | | | | |
| g. 4 week visits completed (from start of operation) | | | | |
| 106. Did corrective action and termination procedures concerning providers match management plan or were they appropriate? Describe problems. | | | | |
| 107. Does the sponsor perform follow-up with providers regarding monitor's visit? Explain the procedure and how sponsor documents the conversation. | | | | |
| 108. Do monitoring procedures (drop-in visit, parental contacts, other) appear to be sufficient? | | | | |
| 109. Has the monitor staffing policy been implemented? | | | | |
| 110. Was adequate time given for monitoring? | | | | |

PROVIDER FILE REVIEW

111. Number of Files Reviewed: _____ [If problems are found, expand the sample.]

112. Complete the file review spreadsheet and summarize exceptions noted.

EVALUATION OF MONITORING (Summary of reviews conducted at the homes of providers.)

| At the Sponsor's Office | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| 113. For monitoring purposes, are provider's office records reviewed before performing a review? If no, explain. | | | | |
| Evaluation of Monitor | Yes | No | N/A | Comments |
| 114. Does the monitor evaluate the implementation of corrective action? If no, explain. | | | | |
| 115. Does the monitor provide technical assistance in a manner the provider seems to understand? If no, explain. | | | | |

| | | | | |
|--|--|--|--|--|
| 116. Does the monitor review the provider's records for completeness? If no, explain. | | | | |
|--|--|--|--|--|

| Evaluation of Provider (during a review at the home of the provider) | | | | |
|---|------------|-----------|------------|-----------------|
| | Yes | No | N/A | Comments |
| 117. Are provider's records complete and up to date? If no, explain. | | | | |
| 118. Does the provider implement basic health and sanitation procedures in preparing, serving and cleaning up of a meal service? If no, explain. | | | | |
| 119. Does the provider demonstrate knowledge of program standards for the following: | | | | |
| Meal Patterns | | | | |
| Menus (have them available or posted) | | | | |
| Components | | | | |
| Creditable Foods | | | | |
| Serving Times | | | | |
| Substitutions | | | | |
| Special Dietary Needs | | | | |
| Claim Form | | | | |

| | | | | |
|------------|--|--|--|--|
| Attendance | | | | |
| Enrollment | | | | |
| IEFs | | | | |
| Comments: | | | | |

| MEAL SERVICE/NUTRITION | | | | |
|---|-----|----|-----|----------|
| At USOE | | | | Comments |
| 120. Review the sponsor's policy for approval of provider menus that meet the meal patterns, components and creditable foods. | | | | |
| 121. Review the sponsor's policy and procedures for reporting serious safety and sanitation violations to the appropriate authorities. | | | | |
| At the Sponsor's Office | Yes | No | N/A | Comments |
| 122. Is the sponsor following their procedures for approving provider menus? (Describe in comments.) If no, explain. | | | | |
| 123. If the sponsor provides menus, do they reflect the proper meal pattern, components and creditable foods? If no, explain. | | | | |
| 124. Does the sponsor have a system to identify which menu is served at each meal that seems reliable and accurate ? If no, explain. | | | | |
| 125. Does the sponsor have an adequate system to identify when substitutions are used? | | | | |

| | | | | |
|---|--|--|--|--|
| 126. Are approved serving times reasonable? If no, explain. | | | | |
| 127. Has the sponsor had occasion to report safety/sanitation violations? If yes, explain (to whom, what happened, immediate threat, if immediate threat, were they terminated). | | | | |
| 128. Does the sponsor have on file appropriate documentation of special dietary needs? If no, explain. | | | | |

| IMPLEMENTATION OF MANAGEMENT PLAN | | | | |
|--|-----|----|-----|----------|
| At USOE | | | | Comments |
| 129. Review job descriptions, equipment policy, procurement policy and appeal procedures in the management plan. | | | | |
| At the Sponsor's Office | Yes | No | N/A | Comments |
| 130. Are the functions and tasks (job descriptions) accomplished as described in the plan? | | | | |
| 131. Is program purchased equipment used for program purposes? | | | | |
| 132. Is program purchased equipment used for other purposes? | | | | |
| 133. Is equipment used as indicated in the management plan? | | | | |
| 134. Is the sponsor following the procurement policy? | | | | |
| 135. Are appeals held in accordance with the management plan and regulations? | | | | |

REVIEW FINDINGS
List commendations, recommendations, suggestions for improvement and corrective action.

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| Sponsor: | Reviewer: |

REVIEW SUMMARY

Describe the strengths, weaknesses, potential problems and other significant findings of the sponsoring organization.

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| Reviewer: |
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